PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

09779095

CLAIMS AS FILED - PART I								SMALL	ENTITY	OTHER THAN				
7274			(Colu	(Column 1)		(Column 2)		TYPE		OR		H THAN ENTITY		
TOTAL CLAIMS					•		RATE	FEE	7	RATE	FEE			
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE	E 385.00	OR	BASIC FEI			
ľ	OTAL CHARGE	EABLE CLAIM	s r	minus 20=		•		XS 9=		OR	X\$18=			
INDEPENDENT CLAIMS				minus 3 =				X43=		OR	X86=			
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=			
* If the difference in column 1 is less				ss than zero, enter "0" in		column 2	į	TOTAL	-	OR	TOTAL			
CLAIMS AS AMENDED - PART II ALPOND									<u> </u>]	OTHER	THAN		
·	(Column 1) (Column 2) (Column 3							SMALL	ENTITY	OR	SMALL	-		
AMENDMENTA		REMAINING AFTER AMENDMEN		PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 38	Miņus	- 57	7	=		X\$ 9=	· .	OR	X\$18=	50		
	Independent	ENTATION OF	Minus MiliTipi E Di	EPENDENT	CI AIM	=		· X43=		OR	X86=	·		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		· OR	+290=			
								TOTAL ODIT, FEE		OR	TOTAL ADDIT, FEE			
	(Column 1) (Column 2) (Column 3)									•				
AMENDMENT B	3/26/07	CLAIMS REMAINING AFTER AMENDMEN		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 61	Minus	- 52		- 3		X\$ 9=	·	OR	X\$18=	150.00		
	Independent	NTATION OF	Minus	PENDENT (N AHA	= /		X43= ·	·	OR	X86=	200.00		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	20100		
							 . Ar	TOTAL ODIT. FEE		L	TOTAL			
(Column 1) (Column 2) (Column 3)									ADDIT. FEE					
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
	Independent	•	Minus			=		X43=		-	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								1	DR				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** OR ** TOTAL ** OR ** OPT FEE														
11	the "Highest Num he "Highest Num	mber Previously	Paid For IN TH	IS SPACE in u	es than	3		DIT. FEE L		AL.	DIT. FEE L			
				• .			•	<u> </u>		•				